

# Tumor NEWS



Spring 2009

A A N S / C N S S e c t i o n o n T u m o r s

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## FROM THE CHAIR

# “By the Members, for the Members”



Michael W. McDermott, MD

The upcoming AANS and CNS annual meetings in 2009 will be two important events for the Tumor Section and its members. First, at the AANS meeting in San Diego in May, the Tumor Section will host a celebration of its 25th anniversary with a Saturday evening dinner at the Hotel Del Coronado. The Tumor Section will honor founder Mark Rosenblum, MD; will present the third Charles Wilson Award, sponsored by the National Brain Tumor Society, to a deserving member of our organization; and will listen to Michael Bliss, MD, speak on the important contributions of Harvey Cushing, MD, to our specialty. Fred Barker, MD, is helping me to coordinate the program and we look forward to a fun evening. Details on registration for the event can be found at [www.tumorsection.org](http://www.tumorsection.org); we would like to see many of you there.

On Sunday the scientific session for the main meeting begins with our practical course, “Update on Tumors for the General Neurosurgeon,” followed by the open paper session on Monday from 2:45 to 5:15 p.m. Special Tumor Section sessions will be held on Tuesday and Wednesday afternoon. Manish Aghi, MD, has assembled two symposia for us this year, one on extramedullary spinal cord tumors on Tuesday and an update on clinical advances in oncolytic viruses in the treatment of glioblastoma on Wednesday. This year’s meeting will feature several important papers in the plenary and open paper sessions in addition to well-known experts for the symposia, so we are looking forward to a very informative and interesting meeting.

Following the lead of Past Chair Ray Sawaya, MD, and working closely with Linda Liau, MD, editor of the *Journal of Neuro-Oncology*, we have put together a supplemental issue inviting members of the Tumor Section Executive Committee to submit either original or review papers on topics of importance to Tumor Section members and the reading audience of the *Journal of Neuro-Oncology*. Linda and I have served as guest editors for this supplement, and the response has been so great that not one, but two volumes will be necessary to publish the submitted, reviewed, and approved papers to mark the Tumor Section’s 25th anniversary. As part of this anniversary effort, the Tumor Section commissioned a special cover for the supplement and a new Tumor Section logo.

In the fall the Tumor Section is pleased to hold its first joint satellite meeting with the Society of Neuro-Oncology (SNO) in New Orleans immediately before the annual CNS meeting. Special thanks to Ab Guha, MD, who responded enthusiastically to the suggestion of this combined event when he was president of SNO, and to Susan Chang, MD, current president of SNO, for maintaining the momentum to make the joint meeting a reality. A special note of thanks goes to Tony Asher, MD, past president of the CNS; David Adelson, MD, current president of the CNS; Laurie Behncke of the CNS; Chas Haynes from SNO; as well as other administrative staff from the two organizations for all of their work, effort, and telephone time in planning this meeting. Fred Lang, MD, representing SNO, and Randy Jensen, MD, representing the Tumor Section, have designed a meeting to appeal to our neuro-oncology and neurosurgery membership. It is possible that if this joint meeting goes well, the Tumor Section may continue the joint

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# Report From Chilean Society of Neurosurgery Meeting

Susan M. Chang, MD

It was a great honor to be able to represent the Tumor Section at the Annual Meeting of the Chilean Society of Neurosurgery in Vina del Mar on Dec. 3–7, 2008. I would like to thank the Executive Committee for supporting my travel to this meeting through the AANS/CNS Section on Tumors International Scholars Travel Award, and I am pleased to provide this report of my visit.

I toured two hospitals while in Santiago—the public hospital, Barros Luco Trudeau, and the private hospital, Clinica Las Condes. David Rojas, MD, the chair of the 2008 Annual Meeting, is the chief at Barros Luco Trudeau, and Enrique Conchas, MD, is an attending physician at the Clinica Las Condes. Both accompanied me on the visit to the general neurosurgery medical floors, radiology department, operating rooms, and ICU at their respective hospitals. There was a striking contrast between the two medical systems with respect to infrastructure, physical plant, and resources. I presented grand rounds on the topic “The Future of Neuro-Oncology From a Biological Perspective” at both institutions. I also met with the multidisciplinary team at the Clinica Las Condes and

reviewed several interesting patient cases and their management.

At the meeting of the Chilean Society of Neurosurgery, I participated in the abstract presentations pertaining to neuro-oncology and gave four presentations at the Neuro-Oncology Symposium. The titles of these talks were “Prognostic and Predictive Molecular Markers in High-grade Glioma,” “Management of Recurrent High-Grade Glioma,” “Effect of Temozolomide on High-Grade Glioma Outcome,” and “High-Grade Glioma: Molecular Biology-Based Therapies.” I also attended a breakfast seminar reviewing challenges and controversies in neuro-oncology.

Again, I am grateful to the Executive Committee of the Tumor Section for the opportunity to participate in this meeting and the chance to interact with international colleagues. I have encouraged many of the participants to attend the neurosurgery meetings in San Diego and New Orleans in 2009, and I look forward to continued friendships and collaborations.

## Treasurer's Report

Jeffrey N. Bruce, MD, FACS

The finances of the AANS/CNS Section on Tumors have remained stable and have facilitated its academic mission.

The Tumor Section receives support from the American Brain Tumor Foundation, Synthes, the Integra Foundation, BrainLAB, the Bittner family, The National Brain Tumor Foundation, the Preuss Foundation, the *Journal of Neuro-Oncology*, and the Farber Foundation. Funding from these philanthropic and industry groups supports the grants, fellowships, and awards administered through the section. In addition, it funds such endeavors as the Young Neurosurgeons Reception, which has been a great success.

Tumor Section funds also support international travel stipends, guideline projects, our Web site, special meetings (including the Boston Meningioma meeting and Egyptian Neurosurgical Society meeting), the Academic Community Alliance, and the Washington Committee.

The main source of revenue is membership dues. The dues were recently increased, and membership now includes the additional benefit of a subscription to the *Journal of Neuro-Oncology*.

The AANS Executive Office oversees investments for the Tumor Section treasury account and has been important in managing these assets during the recent economic crisis.

## From the Chair *continued from page 1*

meeting concept to gather a large number of like-minded specialists from neurosurgery, medical neuro-oncology, neuropathology, neuroscience, and other groups and to reduce costs for the Tumor Section and its membership.

I am pleased to report that the Brain Metastases Guidelines effort under the direction of Mark Linskey, MD, and Steve Kalkanis, MD, has been completed and all eight chapters are under final review. This has been a mountain of work for Steve and Mark, the authors, and the McMaster group, but it was completed in a timely fashion. We also thank the CNS, AANS, and the Tumor Section Executive Committee for supporting this effort financially.

This is my last official address to the Tumor Section membership as your chair, and it has been a pleasure to serve you. I hope that some of the things we have done in the last two years have been to your liking. Several changes have been made to the Tumor Section Executive Committee and its bylaws to attract younger members. We have also introduced new international efforts and fostered cooperation among professional societies interested in tumors of the central nervous system. I would like to thank all the members of the current Executive Committee for their hard work these past two years, members of the Advisory Board, and the past chairs I have had the privilege and pleasure to serve under: Mark Bernstein, MD; Joe Piepmeier, MD; Jim Rutka, MD; Ray Sawaya, MD; and Ron Warnick, MD. My congratulations are extended to Jeff Bruce who takes on the position of chair of the Tumor Section immediately after the AANS meeting in San Diego. I look forward to seeing you in San Diego and New Orleans this year.

# Tumor Section Symposia: 2009 AANS Annual Meeting

## Manish Aghi, MD, PhD

The AANS/CNS Section on Tumors will hold two symposia on Tuesday, May 5, and Wednesday, May 6, at the 2009 AANS Meeting in San Diego.

The first symposium, "Current Topics in Extradural Spinal Tumors," will be moderated by Mark Bilsky, MD, of Memorial Sloan Kettering and William T. Curry, MD, of Massachusetts General Hospital (MGH). Our understanding of intradural extradural spinal tumors has expanded recently, particularly in regard to how pathology influences the finer points of surgical resection. The treatment of extradural extradural tumors has been heavily influenced by advances in radiosurgery and aggressive surgical techniques that enable complete removal of tumors previously thought unresectable. The symposium will open with an introduction by Dr. Bilsky and Dr. Curry, followed by talks from Paul McCormick, MD, of Columbia University on "Intradural Extradural Spinal Tumors: Pathologic and Surgical Pearls," Peter Gerszten, MD, of Pittsburgh on "Use of Radiation for Extradural Extradural Tumors," and Ziya Gokaslan, MD, of Johns Hopkins on "Surgical Options for Extradural Extradural Tumors." Afterward, panel members will present cases to the rest of the panel and to the audience and will then discuss their optimal management strategy. Dr. Bilsky and Dr. Curry will then conclude the symposium.

The second symposium, "Clinical and Scientific Advances in Oncolytic Viruses in Treatment of Glioma," will be moderated



by E. Antonio Chiocca, MD, of Ohio State University and Manish K. Aghi, MD, of University of California, San Francisco. The symposium is being held 18 years after the initial paper (by Robert Martuza, MD, and the group at MGH) describing the use of engineered herpes viruses to treat gliomas was published in *Science*, and nine years after the first published clinical trial results in oncolytic viruses for glioma. In 2009, the results of several trials reflecting laboratory advances made in the nine years since the first trial will be reported. This symposium will be the perfect format in which to hear the findings. A five-minute overview by Dr. Aghi, "Introduction: DNA and RNA Viruses and Why They Have Appeal for Use in Glioma," will open the symposium. The overview will be followed by the presentation of three sequential trials highlighting the latest in clinical trial results, which are scheduled for release in May 2009. Fred Lang, MD, of the MD Anderson Cancer Center will present "Clinical Results with Replicating Adenovirus, a DNA Virus," James Markert, MD, of the University of Alabama at Birmingham will present "Clinical Results with Herpes Virus, a DNA Virus, and Convection-Enhanced Delivery of Reovirus, an RNA Virus," and Eva Galanis, MD, of the Mayo Clinic will present "Clinical Results with Measles Virus, an RNA Virus." Dr. Chiocca will conclude the symposium with "Wrap Up: Future Directions."

We look forward to seeing you all in San Diego this May.

## Pediatric Brain Tumor Research Update

### Howard Weiner, MD

According to the National Cancer Institute (NCI) Web site, cancer is the leading cause of death by disease among U.S. children younger than age 15. In 2008, the NCI reported that 10,730 new cases of pediatric cancer were expected, with leukemias and brain and central nervous system (CNS) tumors accounting for more than half of these diagnoses. Moreover, the combined five-year survival for all childhood cancers has improved dramatically, from less than 50 percent prior to the 1970s to approximately 80 percent now. The NCI's investment in pediatric research increased from \$152.8 million in 2003 to \$172.7 million in 2007, with several NCI-sponsored activities involving CNS tumors in children. The Children's Oncology Group, an NCI-supported clinical trial cooperative group devoted exclusively to pediatric and adolescent cancer research, is one of these activities. The Pediatric Brain Tumor Consortium, another NCI-supported activity, is a multidisciplinary cooperative research organization devoted to the identification of superior treatment strategies for children with primary brain tumors.

Under the new presidential administration, researchers look forward to significant funding from the National Institutes of

Health (NIH). As reported here previously, the NIH announced a new pediatric cancer research initiative last spring, promising to increase the federal investment in childhood cancer research. On June 12, 2008, the U.S. House of Representatives passed the Caroline Pryce Walker Conquer Childhood Cancer Act of 2008 by a vote of 416-0. The legislation authorizes \$30 million per year, between 2009 and 2013, to (1) support pediatric cancer research institutes; (2) establish a childhood cancer database; and (3) provide information about the diseases to affected families. Rep. Deborah Pryce of Ohio, the mother of Caroline Pryce Walker, who succumbed to neuroblastoma in 1999 at age 9, is the bill's sponsor. This legislation recognizes that the brain is one of the key areas affected by childhood cancers. Further details are pending.

Moreover, a quick push by the NIH to fund many new research projects is expected under President Obama's stimulus package. Check the NIH Web site for announcements. Briefly, a shortened application will be requested, due by the end of April, in one of 16 defined areas. This mechanism is anticipated to fund up to \$1 million per year for two years.

# Bylaws Committee Update

## E. Antonio Chiocca, MD

At the last Tumor Section meeting, the results of two electronic ballot initiatives were announced. Both resolutions passed with an overwhelming two-thirds majority and were adopted as changes to the current bylaws. These changes to the bylaws would limit an individual's appointment to the Executive Council to a maximum term of 10 years. After this time, the individual may serve an additional two-year term on the Advisory Board at the discretion of the chair. The former chair of the Executive Council will serve six years on the Advisory Board. In addition, the role of the Young Neurosurgeons Committee was clarified.

Michael McDermott, MD, pointed out that these term-limit changes are designed to maximize new input into the committee. William Couldwell, MD, chair of the Advisory Board, had polled members and found all in approval of these changes. A motion was made to approve the changes, and the motion was seconded. After further discussion, the changes were unanimously approved.

The ballots for this change of bylaws follow.

### Old Bylaw:

**Article I: Section 8.** Election of Officers and Members of the Executive Council.

The Nominating Committee shall mail a list of nominees for each position to be elected to the active members within the first 15 days of January every two years. No more than two individuals may be nominated for each office. Only those ballots received from the active members by March 15 will be counted. A person shall be considered elected if he or she receives a simple majority of the votes cast.

### Newly Approved Change

**Article I: Section 8.** Appointment of Members of the Executive Council and Election of Secretary-Treasurer.

The chairperson will appoint Executive Council committee members for a two-year term of office. The representative of the Young Neurosurgeons Committee will be proposed to the chairperson by the Young Neurosurgeons Committee. The chairperson will then appoint this proposed individual to a one-year term of office.

The Nominating Committee shall propose a list of nominees for the position of secretary-treasurer from the current Executive Council membership to be elected by the Executive Council every two years within the first 15 days of January. No more than two individuals may be nominated. Voting will be conducted by mail or by e-mail. Only votes received by two weeks before the Executive Council meeting of that year will be counted.

### Old Bylaw:

**Article I: Section 9.** Terms of office for the members of the Executive Council shall begin and end on the last day of the Annual Meeting of the AANS.

### Newly Approved Change

**Article I: Section 9.** An Executive Council member can only be appointed to positions in the Executive Council for a maximum of 10 years. After this time, he or she may serve an additional two-year term on the Advisory Board, at the discretion of the chairperson. After this two-year term, his or her service to the section will be completed and he or she will not be able to be reappointed to the Executive Council or Advisory Board for another six years. Former chairpersons of the Executive Council will serve six years on the Advisory Board. After this six-year term, their service to the Section will be completed and they will not be able to be reappointed to the Executive Council or Advisory Board for another six years.

## Membership Committee Report

### Jonas Sheehan, MD

Active members of the Tumor Section may have noticed an additional benefit of membership this year: a free print and online subscription to *Journal of Neuro-Oncology*, the supporting journal of the section. Through negotiations with the publisher and journal editor (and Tumor Section member) Linda Liau, MD, complete access to the journal has been provided to active members of the Tumor Section, a value of more than \$800. In addition, associate, adjunct, international, and resident members can purchase print and online access to the journal for a significantly reduced cost of \$75. This benefit has drawn praise from the membership in general and is likely to increase Tumor Section membership and participation from those in associated disciplines.

In addition to the free journal subscription, section members are afforded a discount of more than \$100 on registration to the upcoming Biennial Tumor Satellite Symposium held in conjunction with the Society of Neuro-Oncology Annual Meeting this fall in New Orleans, prior to the CNS Annual Meeting. This symposium will bring together the largest group of brain tumor specialists ever assembled to meet and exchange scientific state-of-the-art information. Don't miss this opportunity.

Your membership supports the activities of the Tumor Section on many fronts, including lending counsel to the AANS and CNS as well as the AANS/CNS Washington Committee, in matters pertaining to central nervous system tumors. The Tumor Section actively campaigns to maximize Centers for Medicare and Medicaid Services and managed-care reimbursements for neurosurgeons and aggressively advocates medical liability reform. Through representation on the Washington Committee, the section works to develop and implement beneficial Current Procedural Terminology coding changes and policies. Furthermore, the Tumor Section continues to provide a robust source of awards and funding support for neuro-oncology research through direct section support and collaboration with industry partners.

All members have free access to the members' section of the Web site at [www.tumorsection.org](http://www.tumorsection.org). For more information, please see the Web site or contact me via e-mail at [jsheehan@psu.edu](mailto:jsheehan@psu.edu).

# Clinical Research Committee Report

**Michael Vogelbaum, MD**

While several small grants from a variety of brain tumor research funding agencies are available to support basic science and translational research, there are few such grants dedicated to the support of early stage clinical research. In late 2007, the Clinical Research Committee of the AANS/CNS Section on Tumors, in joint sponsorship with the American Brain Tumor Association, introduced a new clinical award, the ABTA Clinical Research Grant. This one-year grant of \$50,000 was designed to provide support for pilot clinical research activities that could potentially lead to the development of a larger, multiyear clinical trial supported by federal funding. Applicants were asked to provide evidence of clinical trial expertise, a well designed hypothesis and clinical research plan, relevant supporting preliminary data, institutional review board approval for the proposed study, eligibility criteria, a plan for subject accrual, and a timetable for completion of the clinical trial. Multicenter collaborations were permitted. The application deadline was Jan. 15, 2008. Seven applications were received, and the grant was awarded to John Sampson, MD, at Duke University Medical Center for his project

entitled, "A Pilot Study of *in vivo* PET Imaging of Gene Expression and Tumor Localization of RNA-Modified T Cells in Patients With Glioblastoma."

In light of the success of the first year's efforts, ABTA increased the award in 2009 to \$100,000 over a two-year period. Increased recognition of this funding opportunity led to 14 applications submitted this year, and the review process is currently under way. We also formalized the process for providing project status updates and, consequently, we will be able to provide progress reports to the Tumor Section leadership. We anticipate being able to track the award's ability to attract full-scale funding from the National Institutes of Health, the American Cancer Society, and other major funding sources.

The Tumor Section continues to have a strong presence in the Radiation Therapy Oncology Group, a National Cancer Institute-funded cooperative research group that has the largest and most active brain tumor clinical trial portfolio of any of the cooperative groups. The neurosurgery subcommittee of the Brain Tumor Committee has several neurosurgeon-led trial concepts in various stages of development, and we continue to encourage participation by neurosurgeons, particularly young neurosurgeons, who are looking for clinical research training opportunities.

## Young Neurosurgeons Committee Report

**Jay Jagannathan, MD**

The Young Neurosurgeons Committee organized the AANS/CNS Section on Tumors' new member reception at the 2008 CNS meeting in Orlando, Fla. The reception was an overwhelming success, with more than 200 attendees. Mark Shaffrey, MD, spoke about the relationship of head injury and football, a talk that was very well received. The Tumor Section would like to acknowledge the contributions of our sponsors, including Synthes, Eisai, and Elekta.

The 2009 AANS reception will be held in San Diego on May 4 at the Marriott Hotel. This year's speaker will be Fred Barker, MD, from Massachusetts General Hospital, who will speak on "Cushing, Dandy, and the Ritual of Neurosurgery Conferences." More details will be disseminated via e-blast in the weeks to come.

In addition to organizing the new member receptions, the Young Neurosurgeons Committee is working with the Membership Committee to increase membership in the Tumor Section. Member benefits for young faculty will be advertised in the YNC/AANS e-blasts as well as in Young Neurosurgeons News, which is e-mailed to residents under the age of 40 twice a year before the CNS and AANS annual meetings.

Lastly, the Young Neurosurgeons Committee continues to encourage resident participation in Tumor Section courses and events during the AANS and CNS meetings through the Marshals Committee program. Marshals participants are allowed free admission to the courses of their choice. Registration is now open for opportunities in 2009. Students, residents, and fellows interested in tumor-related courses are strongly encouraged to participate.

## Skull Base Surgery Subcommittee Report

**Franco DeMonte, MD**

The 19th Annual Meeting of the North American Skull Base Society (NASBS) was held in Vancouver, Canada, in September 2008. The meeting attracted 345 registrants from around the world. A highlight of the meeting was a lecture by Joe MacInnis, MD, renowned explorer, oceanographer, and physician, on leadership and teamwork in extreme conditions. The meeting also featured the seminal contributions to skull base surgery of honored guests Ossama Al-Mefty, MD; Derald Brackmann, MD; John Leonetti, MD; Albert Rhoton Jr., MD; and Madjid Samii, MD. Charles Drake, MD, was honored posthumously.

The 20th Annual Meeting of the NASBS will be held in New Orleans under the presidency of Daniel Nuss, MD. Meeting dates are Oct. 15–18, 2009. Abstracts for this meeting can be submitted online at [www.nasbs.org](http://www.nasbs.org).

The NASBS Skull Base Surgery workshop for senior neurosurgical residents and head and neck fellows will take place in Memphis, Tenn., from July 18 to 20, 2009. Senior neurosurgical residents should signify their interest in the course to their program chairs.

The upcoming AANS Annual Meeting has numerous offerings for those interested in skull base surgery. Please refer to the preliminary program posted on the AANS Web site, [www.aans.org](http://www.aans.org).

If I can be of assistance to our membership, please contact me at [fdemonte@mdanderson.org](mailto:fdemonte@mdanderson.org).

# International Reports

## Chile

### Enrique Conchas, MD

The focus of the Chilean Chapter of Neuro-Oncology was on the Symposium of Controversies in Neuro-Oncology that took place at Vina del Mar on Dec. 5, 2008. The meeting was a success, thanks to the many neurosurgeons, neurologists, and oncologists who attended the convention and the brilliant presentations by international and Chilean speakers.

The Chilean Chapter recognized the participation of Susan Chang, MD, winner of the ASIST award, which brought her to Chile from Dec. 1 to Dec. 7. That week, she presented conferences at Barros Luco Trudeau and Clinica Las Condes and had the opportunity to tour both hospitals. During the visits, our physicians who take care of brain tumor patients attended Dr. Chang's lecture, "The Future of Oncology From a Biological Perspective," and invited Dr. Chang to assist in analyzing select cases.

Since its creation in 1984, Clinica Las Condes has had the honor of hosting a number of international speakers. I am convinced that Dr. Chang has been the most outstanding one. During the past two years, the AANS/CNS Section on Tumors and the Chapter of Neuro-Oncology of the Chilean Society of Neurosurgery have fostered a team approach that culminated with the participation of Dr. Chang as a speaker in the Annual Meeting of the Chilean Society of Neurosurgery. We hope to reinforce this relationship in the future by establishing a system of ongoing interchange.

## England

### Nitin Mukerji, MD

In many ways, 2008 was a momentous year worldwide, and in England as well. The worst winter in many years brought unprecedented pressure on the resources of England's various neurosurgical units. The number of traffic accidents and resulting head and spinal trauma injuries rose substantially, primarily due to poor driving conditions.

In August 2009, England was to adopt the 48-hour workweek proposed by the European Working Time Directive. As a result of the efforts of surgical trainees and with the support of the British Neurosurgical Trainees Association, a consensus was reached to delay the implementation while further deliberations take place. Both trainees and trainers in neurosurgery are uniformly of the opinion that a reduction in work hours will lead to suboptimal patient care and training. The president of the Royal College of Surgeons of England has also expressed support of the trainees to prevent such drastic regulation of the residents' hours, which could have a serious impact on patient care and workforce planning. Efforts currently are under way to permanently opt out of this 48-hour workweek clause. The situation has worsened due to a lack of middle-grade doctors in neurosurgery to provide services. Most neurosurgical units in England are not prepared in terms of infrastructure for such regulations to be imposed; presently, the workforce in neurosurgery is estimated to be running at 10 percent below optimum.

The Society of British Neurological Surgeons (SBNS) met in Nottingham in September 2008. Issues related to training and work hours were discussed extensively. The European Association of Neuro-oncology met in Barcelona in September for its biannual conference. The meeting included various educational sessions as well as free paper sessions from various units across Europe. A focus was on the quality of life for patients with malignant brain tumors given the potential for increasing survival due to aggressive treatment—clearly, a very pertinent issue. Various papers on the newer methods of treating brain tumors were also presented.

Further academic events are the joint meeting of the British Neurosurgery Research Group and the European Association of Neurosurgical Societies in Newcastle on March 5 and 6, and the spring meeting of the SBNS in Birmingham, April 22–24, 2009. Both meetings bring to the foreground the ongoing research occurring behind the scenes during the cold winter months. The SBNS has encouraged British trainees to attend the World Federation of Neurosurgical Societies meeting in Boston, hoping to gather momentum for the WFNS 2017 bid. It is expected that England will be well represented at various academic sessions in Boston in September 2009.

## Germany

### Pedram Emami, MD

During the November 2008 meeting of the Executive Committee of the German Society (DGNC), specific neurosurgical quality management was highlighted. The DGNC discussed plans to introduce a seal of quality or certification for clinics and centers in subdomains, such as peripheral nerve surgery, spinal neurosurgery, vascular neurosurgery, and neuro-oncology. The details of the requirements for this certification have been discussed in the past, with no consensus among the colleagues. The number of operations or procedures, the extent of scientific activities used to define "the degree of expertise," and the role of interdisciplinary therapy were controversial topics at the meeting, especially in regard to neuro-oncological certification. The details of the certification will be revised and presented as a complete and concrete plan at this year's annual meeting of the DGNC in May 2009 in Munster, Germany. This will be a joint meeting with the Bulgarian and Benelux neurosurgical societies. The main topics will be subarachnoid hemorrhage, neuromodulation, neurosurgical intensive care, and low-grade gliomas.

## Italy

### Francesco DiMeco, MD

The 57th Annual Meeting of the Italian Neurosurgical Society took place in Udine, Italy, Nov. 6–9, 2008, and was held in conjunction with the Japanese Society of Neurosurgery. Many colleagues from Japan attended and contributed significantly to the success of the event. Among the proposed topics, the meeting focused on low-grade gliomas, surgical brain mapping, and brain plasticity.

The next annual meeting of the Italian Neurosurgical Society will

be held Oct. 14–17, 2009, in Lecce, Italy. The meeting will focus on intra-axial tumors of the posterior fossa and spine tumors.

Forthcoming meetings in Italy include the following:

- March 9–10, 2009, Bologna  
Endoscopic Pituitary Surgery
- June 8–9, 2009, Naples  
Endoscopic Endonasal Skull Base Surgery
- June 12–13, 2009, Sabaudia  
New Trends in Instrumentation and Techniques in Spinal Surgery
- Sept. 30–Oct. 1, 2009, Rome  
Advances in Biology, Treatment in Malignant Brain Gliomas, and Stem Cells in Neuroscience
- Oct. 1–3, 2009, Rome  
Third Congress of the International Society of Reconstructive Neurosurgery, Neurorehabilitation and Reconstructive Neurosurgery Committee of the World Federation of Neurosurgical Societies Conference on Stem Cells and Neuroscience
- Oct. 4–7, 2009, Padova  
XIV Congresso Associazione Italiana Neuro-Oncologia

## Japan

### Fumio Yamaguchi, MD, PhD

Japan hosted several neurosurgical meetings concerning central nervous system tumors in 2008. The 26th Annual Meeting of the Japan Society for Neuro-Oncology was held Nov. 30 to Dec. 2 in Matsuyama, Japan. Professor Manfred Westphal from Hamburg-Eppendorf, Germany, shared two lectures: “Characterization of Human Glioma Stem Cells” and “The Treacherous Strategy of Anti-angiogenesis for Glioma.” Another invited lecturer, professor Wolfgang Wick from Heidelberg, Germany, presented “Recurrent Glioma: The Challenge With Temozolomide.” These outstanding lectures provided a comprehensive review of the most recent advances and their implications for future therapies. Domestically, reports on efforts to confront recurrent malignant gliomas after temozolomide therapy have been presented by many institutes. However, in reality, restricted use of chemotherapeutic agents in the Japanese health insurance system prevents the better prognosis. The Ministry of Health, Labor, and Welfare remains one of the obstacles for the approval of a variety of clinical trials.

Neuro-info Japan (<http://square.umin.ac.jp/neuroinf/>), a Web site open to the public, is providing information on central nervous system diseases and therapies. The site is in Japanese and run by the Japan Neurosurgical Society and the Japanese Congress of Neurological Surgeons.

In 2009, Japan will host the following meetings:

- The 68th Annual Meeting of the Japan Neurosurgical Society will be held in Tokyo on Oct. 14–16. This meeting is hosted by Professor Akira Teramoto (Nippon Medical School). More than 5,000 participants are expected, with special lectures, a symposium, paper presentations, and poster presentations from 1,700 to 1,800 speakers.
- The 3rd Quadrennial Meeting of the World Federation of Neuro-Oncology in conjunction with the 6th Annual Meeting

of the Asian Society for Neuro-Oncology (ASNO) will be held in Yokohama on May 11–14 (<http://wfno2009.umin.ne.jp/>).

- The 29th Annual Meeting of the Japanese Congress of Neurological Surgeons will be held in Osaka on May 15–17 ([www.jcns2009.jp/](http://www.jcns2009.jp/)).
- The 10th Annual Meeting of the Japan Society of Molecular Neurosurgery will be held in Okayama, on Sept. 19–20.
- The 14th Annual Meeting of the Japanese Congress for Brain Tumor Surgery will be held in Tokyo on Sept. 25–26 (<http://bts2009.umin.ne.jp/>).
- The 68th Annual Meeting of the Japan Neurosurgical society will be held in Tokyo on Oct. 14–16 (<http://jns2009.umin.ne.jp/>).
- The 27th Annual Meeting of the Japan Society for Neuro-Oncology will be held in Osaka on Nov. 8–10 ([www.jsn-o.com/](http://www.jsn-o.com/)).

The following meetings are planned for 2010:

- The 33rd Annual Meeting of Japan Society for CNS Computed Imaging will be held in Tokyo on Feb. 10–11.
- The 20th Annual Meeting of the Japan Society for Hypothalamic and Pituitary Tumors will be held in Osaka on Feb 18–19.

## Scotland

### Muftah Sam Eljamel, MD

One of the biggest challenges facing neuro-oncology and neurosurgery provision in Scotland and the U.K. as a whole is adhering to the 48-hour workweek limit imposed by the European Working Time Directive. A recent attempt by 15 European countries, including Britain, to extend the opt-out clause indefinitely has failed. The European Parliament voted to abolish the opt-out clause within three years, forcing every employer in the European Union to comply with the 48-hour limit. A recent electronic survey of the U.K. neurosurgical units revealed that almost none of neurosurgical centers will be able to achieve this requirement at consultant level. Furthermore, the European Parliament ruled that inactive time spent by healthcare professionals at the place of work when on standby counted as working time, making compliance almost impossible.

On a brighter note, the Scottish Adult Neuro-Oncology Network (SANON) gained central funding from the Scottish government for a managed clinical network, allowing us to press on in our attempt to standardize treatment protocols across the country and collect outcome data for audit and service improvement for patients with brain tumors.

The SANON 2008 National Meeting was held May 9, 2008, at the Municipal Chambers of Stirling, and the 2009 National Meeting was held in the Concert Hall in Perth on March 5. In addition, the British Neurosurgical Research Group and the European Neurosurgical Research Group meeting took place in Newcastle on March 5 and 6, 2009, with significant time set aside for neuro-oncology discussions.

Other meetings planned for 2009 include:

- the SBNS Spring Meeting in Birmingham, England, April 22–24;
- the GNAMED (Scottish and Newcastle Neurosurgery Research

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# Tumor Section—SNO Scientific Meeting

**Randy Jensen, MD**

The AANS/CNS Section on Tumors and the Society for Neuro-Oncology (SNO) will hold a scientific meeting Oct. 22–24 in New Orleans, immediately preceding the CNS Annual Meeting. A planning committee of members from the SNO and the Tumor Section, headed by Fred Lang, MD; Randy Jensen, MD, has prepared for this new endeavor. The meeting will emphasize what neurosurgeons bring to neuro-oncology. In keeping with this theme, the call for abstracts will be directed to neurosurgeons who are planning to attend the meeting.

The meeting will begin on Thursday, Oct. 22, with an Educational Day—an SNO tradition. The basic science section of the meeting will focus on personalized medicine in pathology, surgery, radiation oncology, and medical oncology, with a concurrent session on epidemiology and quality of life. The second half of the day will be the official opening session of the meeting. A plenary session will highlight the top scoring abstracts and begin the scientific sessions. In the evening, a poster session and opening reception will be held.

Friday, Oct. 23, will begin with a sunrise session on topics including radiosurgery for benign tumors, meningiomas basic science, cancer stem cells, and metastatic spinal tumors. The

plenary session will include the Farber Lecture and keynote speaker Ray Sawaya, MD. The remainder of the day will include open scientific papers in the form of platform talks and posters.

Saturday, Oct. 24, will begin with another sunrise session, with topics on epidemiology, pharmacogenomics, immunotherapy, medulloblastoma, and proteomics. The morning plenary session will feature a new lecture—the Hassenbusch Lecture—in honor of Sam Hassenbusch. This year's speaker will be Katie Orrico, JD. The presentation of more open papers will complete the meeting and end at noon, allowing attendees to participate in the Saturday CNS educational sessions.

This is a new venture for the Tumor Section and the SNO, with the potential benefits of increasing attendance at both meetings, cross-fertilization of different subspecialties, and strengthening relationships between these two societies. For Tumor Section members who have not previously attended the SNO, this is a great opportunity to experience the meeting with little disruption to busy clinical practices. Likewise, non-neurosurgical members of the SNO will benefit from the infusion of additional voices from the Tumor Section. Please encourage your colleagues to attend this singular event in October 2009.

## International Reports *continued from page 7*

- Group) meeting in Dundee, Scotland, June 19 and 20; and the Stereotactic and Functional Neurosurgery Group meeting at the Royal College of Surgeons in Edinburgh, Nov. 20.

### Switzerland

**Dominik Cordier, MD**

Professor Luigi Mariani is the new head of the Department of Neurosurgery of the University Hospital of Basel. He was elected in July 2008 and has filled this position since September 2008. Professor Mariani maintains a scientific focus on clinically oriented glioma research. His predecessor, acting chair Adrian Merlo, is working in private practice in Bern, Switzerland.

The establishment of a brain tumor bank is one of Professor Mariani's goals. In addition to clinical and histopathological data, precise genotyping is planned. The collected data will be used in further basic science tumor research. The patient's immediate benefit is the potential for an optimized therapy (such as that involving the MGMT gene or 1p/19q-status).

The new head of the neurosurgical department at the University of Bern is Professor Andreas Raabe, who previously was the deputy chair of the neurosurgical department of the University of Frankfurt in Germany. His clinical and scientific focus lies in intraoperative imaging techniques, neuromonitoring, and computer-assisted surgery.

In tumor-related developments, the University of Bern now offers another radiosurgical alternative in addition to the Gamma

Knife facility in Zurich. A specialized linear accelerator, Novalis Tx for high-precision radiotherapy, has been installed at the university hospital. The Department of Radio-Oncology is running the Novalis Tx in close cooperation with the Department of Neurosurgery.

Research on targeted NK 1-receptor mediated, radiopeptide brachytherapy using locally injected, radiolabeled substance P is culminating with two current studies: (1) evaluation of feasibility and toxicity of the neoadjuvant-targeted treatment of glioblastoma multiforme with Yttrium-90 labeled DOTAGA substance P as a novel therapeutic approach, and (2) evaluation of Bismuth-213 labeled DOTAGA substance P as the primary therapeutic modality for functionally critically located low- and high-grade gliomas. Yttrium-90 is a beta-particle emitter with a mean tissue range of 5 mm; Bismuth-213 is an alpha-particle emitter with a mean tissue range of only 0.08mm. After evaluation of the results, future directions for the further evaluation of the method will be defined.

The Swiss Society of Neurosurgery (SSN) will hold the spring meeting in Lucerne on April 2. The annual meeting of the SSN will take place Sept. 24–26 in St. Gallen. The event is organized as a joint meeting with the Swiss Societies of Intensive Care Medicine and Neuro-Radiology.

The annual meeting of the vascular section of the German Society of Neurosurgery (DGNC) is scheduled for April 24–25 in Geneva.

# Immunotherapy Task Force Report

Amy Heimberger, MD

The investigational efforts in the fields of neuro-oncology, immunology, and immunotherapy have continued to grow and have become increasingly prominent at many of the annual meetings. The organizers for the Annual Aspen Symposium on Brain Tumor Immunotherapy have scheduled this year's conference for Aug. 9–12.

Results from a phase II clinical trial by Duane Mitchell, MD, at Duke University Medical Center were extensively covered in *Science* and *Newsweek*. The results confirmed the association of cytomegalovirus (CMV) gene expression in glioblastoma tumors in the vast majority (more than 90 percent) of specimens examined by immunohistochemistry, *in situ* hybridization, qualitative and

quantitative PCR, and Western blot analysis. Clinical efficacy in the clinical trial examining CMV pp65 RNA-loaded dendritic cell vaccination in patients with newly-diagnosed glioblastoma multiforme (GBM) demonstrated a median survival of 20 months. Current efforts are directed at improving immunologic responses to CMV antigens in patients with GBM through use of adoptive transfer of *ex vivo* expanded CMV-specific T cells and strategies to limit the immunosuppressive function of CD4+CD25+FOXP3+ regulatory T cells. If you have an open immunotherapy trial at your site and want it listed for notification, please send the trial information to [aheimber@mdanderson.org](mailto:aheimber@mdanderson.org).

## Ongoing Immunotherapy Clinical Trials for Patients With Malignant Glioma

Agent Delivered	Phase	Sponsor or Centers Involved	Eligibility
GM-CSF + PEP-3-KLH + temozolomide versus standard of care temozolomide	II/III	Celldex Therapeutics 29 Sites Nationally	Newly diagnosed GBM, gross-total resection, EGFRvIII+, no progression post-radiation
VEGF trap	II	University of California—Los Angeles, University of California—San Francisco, Dana-Farber Cancer Institute, National Cancer Institute, Duke University Medical Center, Sloan-Kettering, University of Pittsburgh, University of Wisconsin, University of Texas at San Antonio, MD Anderson Cancer Center	Recurrent temozolomide-resistant malignant gliomas
Dendritic cells + tumor lysate (DCVax-Brain)	II	Northwestern Biotherapeutics	Newly diagnosed GBM
Intralesional adoptive cellular therapy with IL-2-stimulated lymphocytes	II	Hoag Memorial Hospital Presbyterian	GBM
Dendritic cells + tumor lysate	I/II	Cedars-Sinai, Maxine Dunitz Neurosurgical Institute	Newly diagnosed or recurrent, all high-grade gliomas (includes pediatric)
Heat Shock Protein (HSP-96)	I/II	University of California—San Francisco	Recurrent high-grade gliomas who are surgical candidates
Dendritic cells + multiple peptides	I/II	University of Pittsburgh	Recurrent GBM/AA, HLA-A2+
Dendritic cells + tumor associated antigen	I	Cedars-Sinai, Maxine Dunitz Neurosurgical Institute	Newly diagnosed or recurrent, GBM or brainstem glioma (includes pediatric)
Autologous irradiated glioma cells + GM-K562 cells	I	Massachusetts General Hospital, Dana-Farber Cancer Institute, Brigham and Women's Hospital	Recurrent high-grade gliomas who are surgical candidates
Dendritic cells + glioma associated antigen peptide	I	University of California—Los Angeles	Newly diagnosed and recurrent high-grade gliomas

# Tumor Guidelines Report

Mark E. Linskey, MD and Steven Kalkanis, MD

The Guidelines Committee of the AANS/CNS Section on Tumors continues to move forward at a remarkable pace. The committee is fresh off the successful publication of the Newly Diagnosed GBM Clinical Practice Parameter Guidelines in the *Journal of Neuro-Oncology* this past September.

The initiative was led by Jeff Olson, MD, and his writing team, and it has been very well received.

The Pituitary Tumor Guidelines effort led by Nelson Oyesiku, MD, has been making slow but steady progress. We are looking forward to viewing the finished chapters in the near future.

Excitement continues to surround the imminent completion of our largest and most multidisciplinary effort to date, the Brain Metastases Guidelines. The effort is chaired by Steven Kalkanis, MD, sponsored by the Tumor Section, the CNS, and the AANS, and is occurring under contract with the AHRQ-sponsored Evidence-Based Practice Center (McMaster EPC)—a first for the Guidelines Committee. The Brain Metastases Guidelines will comprise 10 chapters relating to all aspects of the treatment of brain metastases, including guidelines relating to surgical resection, whole brain radiation therapy, stereotactic radiosurgery, chemotherapy, anticonvulsants, steroids, and myriad novel, emerging treatment modalities. Dr. Kalkanis' team includes a 20-member writing group of neurosurgeons, radiation oncologists, medical oncologists, and neuro-oncologists, along with the McMaster EPC team. A comprehensive, systematic review of nearly 50,000 articles relating to brain metastases yielded several hundred high-level, published comparative studies that ultimately were

employed in the guidelines process. Treatment recommendations will be offered only if supported by valid high-level evidence, but even the lack of such evidence in some clinical treatment scenarios is important for clearly identifying areas of future

clinical study and investigation. In many circumstances, these guidelines will offer a choice of several available and appropriate treatment paradigms so as not to restrict individual clinical practices in situations where there is no single obvious treatment choice borne out by the data. Given that the American Cancer Society Registry estimates that the incidence of brain metastases

could exceed 250,000 cases annually, we are hopeful that these guidelines will present the available evidence in an organized, user-friendly format for a large number of clinical practitioners who endeavor to make the most informed treatment decisions for their patients across the spectrum of neuroscience and oncology.

Lastly, a new evidence-based clinical practice tumor guidelines effort was launched this past fall. Under the leadership of Tim Ryken, MD, the Tumor Section and the Section on Spine and Peripheral Nerves will sponsor a multidisciplinary guideline initiative addressing the care of patients with metastatic spine tumors.

As the above efforts attest, the Guidelines Committee is strong, vibrant, and productive. We are always looking for new members who wish to get involved. If you are interested, please contact Mark Linskey, MD, Guidelines Committee chair, through the Tumor Section.

## Initiatives Under Way

- Pituitary Tumor Guidelines
- Brain Metastases Guidelines
- Metastatic Spine Tumors

## Medical Neuro-Oncology/Society of Neuro-Oncology Report

Susan M. Chang, MD

A satellite meeting of the AANS/CNS Section on Tumors and the Society of Neuro-Oncology will be held Oct. 22–24 in New Orleans, in conjunction with the CNS Annual Meeting. Frederick Lang, MD, and Randy Jensen, MD, serving on behalf of the respective groups, are the co-chairs of the scientific program, and they have planned an exciting meeting. On Oct. 22, the morning educational session “Personalized Medicine: Now or the Future?” will focus on the status and limitations of applying specific treatment plans for individual patients, with an emphasis on the multidisciplinary management of gliomas. A concurrent “Quality of Life” educational session will describe brain tumor patients' and caregivers' concerns across the span of the illness. The meeting will officially begin the afternoon of Oct. 22 with presentations of the top-scoring abstracts across the disciplines. Highlights of the meeting include the Farber and Hassenbusch awards and the keynote speaker presentation by Raymond Sawaya, MD. Attendees

are encouraged to attend the general meeting of the CNS, which will include courses and sessions related to neuro-oncology.

Michael McDermott, MD, and Susan Chang, MD, will coordinate a multidisciplinary meningioma meeting at the joint meeting in New Orleans, bringing together a multidisciplinary team of physicians and scientists to identify the challenges of performing translational and clinical research and to review opportunities for collaboration, with the ultimate goal of improving the outcomes for patients with meningioma. The team will identify key questions to be answered in the lab and clinic and suggest study questions to national organizations. Dr. McDermott will direct a sunrise session delineating the status of the management of meningiomas in preparation for this discussion. We look forward to active participation from members of the Tumor Section.

# Washington Committee Report

Isabelle M. Germano, MD, FACS

## The Death of a Code: 61793

After years and years of assault, the AANS and CNS finally were forced to restructure the coding scheme for stereotactic radiosurgery (SRS). The new codes replacing 61793 are reported in Table 1. It is important to note that each code can be billed only once, even if the treatment is given in more than one session. It is also important to remark that the 2009 Current Procedural Terminology (CPT) book specifies that radiosurgery is limited to five sessions. Therefore, fractionated treatments including more than five sessions cannot be billed by a neurosurgeon.

The approved values for the new codes are significantly less than what was suggested by the Relative Value Scale Update Committee (RUC) to the CPT Editorial Panel (Table 1). Unfortunately, for completely inappropriate reasons and using faulty logic, the Centers for Medicare and Medicaid Services (CMS) significantly reduced the RUC-proposed relative value units (RVUs) for these new codes. The new head frame total RVUs (3.39), combined with the single lesion SRS RVUs (20.28) total 23.67 RVUs, which represents about a 25 percent reduction in value. The Washington Committee will pursue the following strategy to reverse the CMS decision: (a) submit comments to CMS and request that these codes be sent to a refinement panel for reevaluation; (b) develop talking points and data to send to neurosurgeons to encourage them to write their own letters to CMS (with copies to their senators and representative); (c) encourage the AMA, the RUC, and the American Cancer Society to incorporate our concerns and complaints in their own letters to CMS; and (d) request that key members of Congress pressure CMS to reverse its decision.

Table 1. 2009 SRS Codes

CPT Code	Description	Proposed RVU	CMS Approved RVU	2009 Medicare Payment
61796	SRS, cranial lesion simple	15.5	10.79	\$731.50
61797	SRS, cranial simple, addl	3.48	3.48	\$199.83
61798	SRS, cranial lesion complex	19.75	10.79	\$731.50
61799	SRS, cranial complex, addl	4.81	4.81	\$276.30
61800	Apply SRS head frame	2.25	2.25	\$141.76
63620	SRS, spinal lesion	15.5	10.79	\$731.50
63621	SRS, spinal lesion, addl	4.0	4.00	\$229.77

## CPT Book Dedication

The 2009 CPT book has been dedicated to the memory of Samuel Hassenbusch, MD, neurosurgeon and former Tumor Section member, for his longtime dedication to the CPT field as an advisor and panel member.

## Neurosurgical Training and Education

The Institute of Medicine has completed its report, Optimizing

## AANS/CNS/ASTRO Definition of Stereotactic Radiosurgery

The following definition of SRS is sanctioned by the AANS, CNS, and the American Society for Therapeutic Radiology and Oncology:

Stereotactic radiosurgery (SRS) is a distinct discipline that utilizes externally generated ionizing radiation in certain cases to inactivate or eradicate (a) defined target(s) in the head or spine without the need to make an incision. The target is defined by high-resolution stereotactic imaging. To assure quality of patient care the procedure involves a multidisciplinary team consisting of a neurosurgeon, radiation oncologist, and medical physicist.

SRS typically is performed in a single session, using a rigidly attached stereotactic guiding device, other immobilization technology and/or stereotactic image-guidance system, but can be performed in a limited number of sessions, up to a maximum of five.

Technologies that are used to perform SRS include linear accelerators, particle beam accelerators, and multisource Cobalt 60 units. In order to enhance precision, various devices may incorporate robotics and real time imaging.

## Reference

Barnett GH, Linskey ME, Adler JR, Cozzens JW, Friedman WA, Heilbrun MP, Lunsford LD, Schulder M, Sloan AE, The American Association of Neurological Surgeons/Congress of Neurological Surgeons Washington Committee Stereotactic Radiosurgery Task Force: Stereotactic radiosurgery—an organized neurosurgery-sanctioned definition. *J Neurosurg* 106:1–5, 2007

Graduate Medical Trainee (Resident) Hours and Work Schedules to Improve Patient Safety. The Washington Committee is working on a response discouraging additional restrictions in neurosurgical resident work hours.

## Medicare Reimbursement

Congress passed the Medicare Improvements for Patients and Providers Act of 2008, which replaces a 10.6 percent Medicare physician payment cut with a 0.5 percent payment increase, retroactive to July 1, 2008, and gives physicians a 1.1 percent payment increase in 2009. These positive aspects notwithstanding, the AANS and CNS did not support this legislation because the bill's "cons" far outweigh its "pros." As an example, the payment cut for 2010 will now be 21 percent rather than 5 percent because of the way in which the temporary fee increase is financed. Other proposals for Medicare reform are put forth by the Medicare Payment Advisory Commission recommending a number of changes that have the potential to be very detrimental to surgeons, including shifting funds to primary care (budget neutral) and bundling hospital-physician payments.

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